Priddy Independent School District

APPLICATION FOR EMPLYMENT An Equal Opportunity Employer*

To Applicant: READ THIS INFORMATION CAREFULLY

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* We conform to all the laws, statutes, and regulations concerning equal employment opportunities and affirmative action. We strongly encourage women, minorities, individuals with disabilities and veterans to apply to all of our job openings. We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, gender, sexual orientation, gender identity, or national origin, age, disability status, Genetic Information & Testing, Family & Medical Leave, protected veteran status, or any other characteristic protected by law.

We prohibit Retaliation against individuals who bring forth any complaint, orally or in writing, to the employer or the government, or against any individuals who assist or participate in the investigation of any complaint or otherwise oppose discrimination.

The Priddy Independent School District does not discriminate in employment practices.

The district Title IX Coordinator is: Dr. Cindy Woody, Superintendent PO Box 40, Priddy TX 76870, 325-966-3323

Date Received:	FILL IN ACCURATELY AND COMPLETELY.	Return Application to:
Interviews:		Priddy Independent School District
		Superintendent's Office PO Box 40
		Priddy, TX 76870

Name:						
Last First		Middle	Maiden N	Maiden Name		
Other names that m	ay appear on rec	cords:				
(Used for certificati	on, reference, ar	nd criminal history record check	(s)			
		Street & Number:				
Present Address:		City & State:	Zip):		
		Home Phone: Cell H		ll Phone:		
		E-Mail:				
	Po	sition for Which Application i	is Made			
Elementary Campus	5	Junior High Campus	High S	chool Campus (Grades -12)		
 Pre-K Kindergarten 1st Grade 2nd Grade 	☐ 3rd ☐ 4th ☐ 5th	☐ 6 th Grade ☐ 7 th Grade ☐ 8 th Grade ☐ Special Education	☐ ELA ☐ Matl ☐ Scien ☐ Hist	h Elective nce Specify		
Superintendent	Principal	Business Mana	ger	Cafeteria		

Resume All teaching All transcrip	uded with applica g and professional of ots showing degree s), minor(s), other t	certificates or lice s eaching fields an	d endorsements	Field(s):	
Minor(s):			Endorsement(s):		
Educational Leve	el: Bachelor N	faster Doctor	Teaching Exp	perience – Total Y	ears:
			ng Experience		
From Month/Year	To Month/Year	Name of Employer	Address	Telephone	Type of Work

Professional References									
List names of five professional references (Superintendent, Principal, Supervisor, or College Professors)									
	capable of giving information about your teaching and preparation for teaching. List at least one								
administrator in each of	your teaching positions	s. Fill out in full.							
Full Name of	Street	City & State	Telephone	Position					
Reference									
1.									
2.									
3.									
4.									
5.									
6.									

Student Teaching					
Date:	Name of School:		Address:		
Supervisor-Principal:		Grade-Subject Ta	aught:		

Application must be accompanied by a copy of your transcript and teaching certificate (do not send originals) and, before being considered for a position.

Teaching Certificate					
□ None	Type of Certificate				
□ Valid Other State	Social Security Number: (Providing your SSN allows the district to verify your				
☐ Texas Certificate	certification. Disclosure is optional.)				

	Educational History						
Name of Institution	Location	Degree(s) Received	Date of Grad.	Major	Minor		

	Teaching Experience							
From To		D	No. of Years	Name & Address of School District	ool District Grade or Subjects Taugh			
Month	Year	Month	Year					

Miscellaneous Information

Circle Yes or No

 Were you previously employed by Priddy ISD? Yes No If yes, when? ______
 No If yes, when? ______

 Do you have a relative who serves on the Priddy ISD School Board or is an employee of Priddy ISD?
 Yes No

 If yes, please provide the relative's name and relationship. ______
 If your application is considered favorable, on what date will you be available for work? _____ 20_____
 20______

Have you ever been employed in a Texas school district, charter school, or shared service arrangement? Yes No If yes, please explain.

If yes, have you completed the SB9 fingerprinting process? Yes No

Please list a	Please list all states in which you have resided:							
F	From		То					
Month	Year	Month	Year	Years	City & State			

I hereby affirm that all information contained in this application is true and accurate to the best of my knowledge and understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.

I authorize the references listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all such parties from liability for any damage that may result from furnishing the same to you.

I understand that the district is authorized by Texas Education Code §22.083 to obtain criminal history record information on applicants the district intends to employ.

Signed: _____

Date: _____

APPLICATION MUST BE FILLED IN COMPLETELY. DO NOT SUBSTITUE A RESUME FOR INFORMATION ASKED FOR ON THIS APPLICATIION.

INTERVIEWS ARE MADE BY APPOITMENT ONLY.